

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039894

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 314

Primary Registration District No. 4459

Registrar's No. 63

STATE FILE NUMBER

FILED OCT 16 1962

## 1. PLACE OF DEATH

a. COUNTY

St. Clair

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Osceola

Length of stay in lb

2 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Clair

c. CITY  
OR TOWN

Osceola

Inside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Dell

Bartlett Wagner

4. DATE  
OF DEATH

Month

Day

Year

October 1, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/20/95

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cab Driver

## 10b. KIND OF BUSINESS OR INDUSTRY

Emery Illinois

## 11. BIRTHPLACE (City and state or country)

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

George Wagner

## 13b. MOTHER'S MAIDEN NAME

Ora Bartlett

## 14. NAME OF HUSBAND OR WIFE

Forresteen Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv

Yes

WW# 1

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Forresteen Wagner, Osceola Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

Generalized malignancy  
first found in lung in Oct '61INTERVAL BETWEEN  
ONSET AND DEATH

1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Sept 26 1962 to Oct 1 1962 and last saw him alive on Oct 1 1962

## Death occurred at

5: P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

Ruth Seewers - M.D.

Osceola Missouri

10/2/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

10/3/62

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Goodrich Funeral Home, Osceola Mo.

10/8/62

Ruth Seewers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10930

20930

3

4 C

5 1

6

7 1

8 0

9 163X

10

11

12 90-0

13 2-0

OCT 17 1962

DEC 5 1962

NOV 1 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Paul D. Weston*

Licensed Embalmer No.

3990

P. O. Address

Oscar, Ky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.